1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Adair County			State
	Street Address	1204 Grrensbureg St.		\boxtimes	Federal
	City, State Zip	Columbia, KY 42728			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		A	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$177,958.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔP		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		PTR///30/		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 5.5.5 pin
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	DUC	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, •
	·	·		•	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Allen County			State
	Street Address	570 Oliver St.		\boxtimes	Federal
	City, State Zip	Scottsville, KY 42164			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	į 🔲	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amount: \$139,429.00		11	Fuel	ustione. District result submit a plan to address to about
5	•	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – S				rict. The aforementioned plan will be evaluated
	The state of the s	mbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		trict Improvement Plan electronic submission (CDII	_		, -
1.4	Authorized Dy (Name /Title)	Crog Boss Director		atc:	lub, 22, 2012
14	, , , ,	Greg Ross, Director	ט	ate:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Anchorage Independent			State
	Street Address	11400 Ridge Rd.		\boxtimes	Federal
	City, State Zip	Anchorage, KY 40223			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amend	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$7,782.00		11	Fral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			12 10 10	• 5.50 per
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
14	Authorized By (Name/Title): G	reg Ross, Director	<u>п</u>	ate:	July 22, 2013
17	• • • • • • •		U	atc.	July 22, 2013
	וט	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Anderson County			State
	Street Address	1160 Bypass North		\boxtimes	Federal
	City, State Zip	Lawrenceburg, KY 40342			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aand Amazonti. \$100,000,00		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$106,606.00	PROFICIENT & PRED	11 A D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	•	•	•	-	
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fun	d Type:
	Agency Name	Ashland Independent			State
	Street Address	1720 Hickman St.		\boxtimes	Federal
	City, State Zip	Ashland, KY 41105			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-74	9		nbursement Frequency:
3	Description/Fund Source of Award	C A A 3			Monthly
	Description	FY2014 Title II, Part A Improving Teacher		الما	Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ц	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
-	Aand Amazonto (\$407.000.00		11	F1	District control to the standard to the standa
5	Award Amount: \$197,860.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	And the second s			rict. The aforementioned plan will be evaluated
	· · · · · · · · · · · · · · · · · · ·	bered by September 30, 2015 & requested no		4000	ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Ru	daet i	s reas	ired for this program. The submission of a quarterly
13		rict Improvement Plan electronic submission (CDIF	_		, , ,
	report via the comprehensive bisti	tet improvement i lan electronic submission (ebii	, 13 10	.quii c	a for this program.
14	Authorized By (Name/Title): G	eg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Augusta Independent			State
	Street Address	307 Bracken St.		\boxtimes	Federal
	City, State Zip	Augusta, KY 41002			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		mbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
		/ / / V			
5	Award Amount: \$14,657.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HMI		lity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aini	uany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
43	Consist Instrument of the control			ES. Colores	
13		•	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals		-	•
L		The state of the s			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Ballard County			State
	Street Address	3465 Paducah Rd.		\boxtimes	Federal
	City, State Zip	Barlow, KY 42024			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
		/ / / V			
5	Award Amount: \$60,974.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HMI		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
43	Consist tradements of the state of			ES. Country.	
13		· · · ·	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals		-	•
L		THE STATE OF THE S			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Barbourville Independent			State	
	Street Address	140 School St.		\boxtimes	Federal	
	City, State Zip	Barbourville, KY 40906			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1	į.	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$46,989.00		11	Fval	uations: District must submit a plan to address teacher	
		DOSEICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no		annı	ually.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- E-	116	TION	
	,	RENTUCKY DEPARTMENT OF	- EL	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.	
1.0	Authorized Du (Name /Title)	van Basa Director		ata:	Iulii 22, 2012	
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Bardstown Independent			State
	Street Address	308 N 5th St.		\boxtimes	Federal
	City, State Zip	Bardstown, KY 40004			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				_	
5	Award Amount: \$85,336.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	0 0 0 0		allili	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
				ES. Country.	
13		· · · ·	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	n	ato.	July 22, 2013
1-7	• • • • • • • • • • • • • • • • • • • •	•	J	atc.	July 22, 2013
	ן	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Barren County			State
	Street Address	202 W Washington St.		\boxtimes	Federal
	City, State Zip	Glasgow, KY 42141			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$175,696.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 5.5% (195)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
	·			·	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Bath County			State
	Street Address	405 W Main St.		\boxtimes	Federal
	City, State Zip	Owingsville, KY 40360			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$123,714.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		400000	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	0 0 0 0		dilli	udny.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
				E8.700.80	
13		· · · · · · · · · · · · · · · · · · ·	_		ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate.	July 22, 2013
1-7	• • • • • • • • • • • • • • • • • • • •	•	J	ate.	July 22, 2013
	ן	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Beechwood Independent			State
	Street Address	50 Beechwood Rd.		\boxtimes	Federal
	City, State Zip	Ft. Mitchell, KY 41017			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$18,711.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (1991)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Du (Name - /Title)	yea Bass Divertor		otc:	Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Bell County			State
	Street Address	211 Virginia Ave.		\boxtimes	Federal
	City, State Zip	Pineville, KY 40977			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAV-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		1		
5	Award Amount: \$268,673.00		11	Fval	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2015 & requested no	II.	4000	ually.
12	Consortia/Partnership Members:	N/A	green .		
12	consortia, rarthership wiembers.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
_					
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Bellevue Independent			State
	Street Address	219 Center St.		\boxtimes	Federal
	City, State Zip	Bellevue, KY 41073			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$37,023.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 200 200
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, •
		(,	-	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Berea Independent			State
	Street Address	3 Pirate Pkwy		\boxtimes	Federal
	City, State Zip	Berea, KY 40403			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$44,308.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIONA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			52 50	* 5.5% (1991)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
14	Authorized By (Name/Title): G	reg Ross, Director		ato:	July 22, 2013
14	• • • • • • •	•	U	ale.	July 22, 2013
	וט	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Boone County			State
	Street Address	8330 US 42		\boxtimes	Federal
	City, State Zip	Florence, KY 41042			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amend	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$386,475.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			12 110	• 5.5% (195)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, •
	·			-	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Bourbon County			State
	Street Address	3343 Lexington Rd		\boxtimes	Federal
	City, State Zip	Paris, KY 40361			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$99,680.00		11	Fval	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	(All funds must be spent or encum later than December 10, 2015)	bered by September 30, 2015 & requested no	E.	Company of the Compan	ually.
12	Consortia/Partnership Members:	N/A	-		
12	Consortia, Farthership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	p) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Bowling Green Independent			State
	Street Address	1211 Center St		\boxtimes	Federal
	City, State Zip	Bowling Green, KY 42101			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	- S		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Reir	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				L	
5	Award Amount: \$202,701.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIN!		rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			dim	aurry.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
	•			•	
4.					
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Boyd County			State
	Street Address	1104 Bob McCullough Dr.		\boxtimes	Federal
	City, State Zip	Ashland, KY 41102			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	į 🔲	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aand Amazumta (172,172,00		11	Fuel	ustione. District result submit a plan to address to about
5	Award Amount: \$172,172.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	And the second s			rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E E	UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
14	Authorized By (Name/Title): G	ireg Ross, Director		ato:	July 22, 2013
14	• • • • • • • • • • • • • • • • • • • •	•	U	ale.	July 22, 2013
		ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Boyle County			State
	Street Address	352 N Danville By-Pass		\boxtimes	Federal
	City, State Zip	Danville, KY 40422			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher		الما	Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ц	Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aaud Amazunti, 600 COE 00		11	- Free!	veticus. District revet subrait a plan to address to about
5	Award Amount: \$99,605.00	PROFICIENT & PRED	A D		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			C.I.I.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, •
	•	•	•	-	
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Bracken County			State
	Street Address	348 W Miami St.		\boxtimes	Federal
	City, State Zip	Brooksville, KY 41004			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$59,380.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B	-	rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (1991)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	vision of Next Generation Professionals			,
		VISION OF NEXT DEHELOUIT FIDICSSIONALS			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Breathitt County			State
	Street Address	420 Court St.		\boxtimes	Federal
	City, State Zip	Jackson, KY 41339			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$234,448.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		<i>P</i>		rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
		•	•	-	
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Breckinridge County			State
	Street Address	#86 Airport Rd.		\boxtimes	Federal
	City, State Zip	Hardensburg, KY 40143			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
5	Award Amount: \$151,822.00		11	Fval	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2015 & requested no		ann	ually.
12	Consortia/Partnership Members:	N/A	- 17		
	consortia, ranthership internacio.	N/A KENTUCKY DEPARTMENT OF	ED	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.
4 -					
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Bullitt County			State
	Street Address	1040 Hwy. 44 E.		\boxtimes	Federal
	City, State Zip	Shepherdsville, KY 40165			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				l L	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$391,750.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E .		rict. The aforementioned plan will be evaluated
	(All funds must be spent or encum later than December 10, 2015)	bered by September 30, 2015 & requested no	E.	4000	ually.
12	Consortia/Partnership Members:	N/A	10000		
12	Consortia, Farthership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Burgin Independent			State
	Street Address	140 Danville Rd.		\boxtimes	Federal
	City, State Zip	Burgin, KY 40310			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher		Ш	Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
_	6 . A . I . I . (6) NG B . T	"I H D 14 50010 24 650 0 H 75 77 70 00			Other
4	81 & 85.	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
5	Award Amount: \$12,211.00		11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ntombor 20, 2015	ARI		ity based on a needs assessment conducted by the
O		bered by September 30, 2015 & requested no		distr	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	nbered by September 30, 2013 & requested no		annı	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	En	HC	VIION
		RENTOCKT DEPARTMENT OF	LD	OCA	ATION
13			_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D:	ate:	July 22, 2013
	* * * * * * * * * * * * * * * * * * * *	vision of Next Generation Professionals	٠,		
	U	VISION OF INEXT DELICIATION FIGURESSIONALS			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Butler County			State
	Street Address	203 N. Tyler St.		\boxtimes	Federal
	City, State Zip	Morgantown, KY 42261			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$123,554.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B	-	rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (1991)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
	-				
1.0	Authorized Du (Name /Title)	voa Boss Divostov			Inh. 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Caldwell County			State	
	Street Address	612 W. Washington St.		\boxtimes	Federal	
	City, State Zip	Princeton, KY 42445			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1	6	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		- W-	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality	1			
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		1			
5	Award Amount: \$115,935.00		11	Eval	uations: District must submit a plan to address teacher	
6	Period of Award: July 1, 2013 – Se	ntombor 20, 2015	ARI		ity based on a needs assessment conducted by the	
0				dist	ict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no		annı	ually.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- En	The	TION	
		RENTUCKY DEPARTMENT OF	- EL	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.	
1.0	Authorized Du (Nove - Title)	von Boss Director		-4	I.d. 22, 2012	
14	, , , , ,	reg Ross, Director	ט	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Calloway County			State
	Street Address	2110 College Farm Rd.		\boxtimes	Federal
	City, State Zip	Murray, KY 42071			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$140,229.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (1991)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Dy (Name /Title).	rog Boss Director		oto:	lub, 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Campbell County			State
	Street Address	101 Orchard Ln.		\boxtimes	Federal
	City, State Zip	Alexandria, KY 41001			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
	_	Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$110,120.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 34 / 14 / 14 / 16 / 16 / 16 / 16 / 16 / 1		rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)	21/2			• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	= Ep	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
	·	·	,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Campbellsville Independent			State	
	Street Address	136 S. Columbia Ave.		\boxtimes	Federal	
	City, State Zip	Campbellsville, KY 42718			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1	į.	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$98,404.00		11	Fval	uations: District must submit a plan to address teacher	
		DOSEICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no		annı	ually.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- E-	116	TION	
		RENTUCKY DEPARTMENT OF	- EL	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Disti	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.	
1.0	Authorized Du (Nove - /Title)	van Basa, Diwastan		-4	I.d. 22, 2012	
14	, , , , , ,	reg Ross, Director	ט	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Carlisle County			State
	Street Address	4557 State Rd.		\boxtimes	Federal
	City, State Zip	Bardwell, KY 42023			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAN-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher		الما	Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aand Amazanata (2.2.047.00		11	- Free!	veticus. District revet subrait a plan to address to about
5	Award Amount: \$42,847.00	PROFICIENT & PRED	ЛDI		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			C.I.I.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, •
	·	·	•	•	
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Carroll County			State
	Street Address	813 Hawkins St.		\boxtimes	Federal
	City, State Zip	Carrollton, KY 41008			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_					
5	Award Amount: \$97,247.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIN!	-	rict. The aforementioned plan will be evaluated
	· ·	nbered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			diffi	aurry.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, -
	-				
4.4	A 11 . 1 . 1 D /A1 / 1	P. P. Pinnin			1.1.22.2042
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Carter County			State
	Street Address	228 S. Carol Malone Blvd.		\boxtimes	Federal
	City, State Zip	Grayson, KY 41143			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aa.d Aa		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$327,860.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
		·		-	
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fun	d Type:
	Agency Name	Casey County			State
	Street Address	1922 N. US 127		\boxtimes	Federal
	City, State Zip	Liberty, KY 42539			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	ý 🔲	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$166,732.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4000	ually.
12	later than December 10, 2015) Consortia/Partnership Members:	N/A			
12	Consortia/Partnership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Caverna Independent			State
	Street Address	1102 N. Dixie Hwy.		\boxtimes	Federal
	City, State Zip	Cave City, KY 42127			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher		Ш	Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports Other
4	Cuant Authority (Source), NCID T	Litle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			Other
4	81 & 85.	ille II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	61 & 65.		1		
5	Award Amount: \$56,694.00	D	11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ptember 30, 2015	ARI		ity based on a needs assessment conducted by the
		bered by September 30, 2015 & requested no	I .		rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	5. 5. 4. 4		annı	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED.	UCA	ATION
13	Special Instructions/Conditions: T	The submission of the Teacher Quality Program Ru	døet id	reau	ired for this program. The submission of a quarterly
13		rict Improvement Plan electronic submission (CDIF	_	-	
	report via the comprehensive bisti	tet improvement i un electronic submission (esn	, 13 1 0	quire	a for this program.
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	Di	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Christian County			State
	Street Address	200 Glass St.		\boxtimes	Federal
	City, State Zip	Hopkinsville, KY 42240			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V		<u> </u>	
5	Award Amount: \$566,264.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aiiii	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E E	DUCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
	·		•	•	. •
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Clark County			State
	Street Address	1600 W. Lexington Ave.		\boxtimes	Federal
	City, State Zip	Winchester, KY 40391			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$252,054.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
14	Authorized By (Name/Title): G	reg Ross, Director	<u></u>	ate:	July 22, 2013
14	• • • • • • •		U	ale.	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fun	d Type:
	Agency Name	Clay County			State
	Street Address	128 Richmond Rd.		\boxtimes	Federal
	City, State Zip	Manchester, KY 40962			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
5	Award Amount: \$399,275.00		11	Fval	uations: District must submit a plan to address teacher
		DOSEICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E	-	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2015 & requested no		ann	ually.
12	Consortia/Partnership Members:	N/A	-		
	consortiu, rartinersing members.	N/A KENTUCKY DEPARTMENT OF	ED	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.
4 -					
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Clinton County			State
	Street Address	2353 North Highway 127		\boxtimes	Federal
	City, State Zip	Albany, KY 42602			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$127,981.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 200 200
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, •
		p	,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Cloverport Independent			State
	Street Address	214 W. Main St.		\boxtimes	Federal
	City, State Zip	Cloverport, KY 40111			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344	88		Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
_	Aard Amazunt. \$16 FF2 00		11	- Frank	veticus. District revet subrait a plan to address to about
5	Award Amount: \$16,552.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	DUCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	lired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	-		, -
	·	·	,	•	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Corbin Independent			State
	Street Address	108 Roy Kidd Ave.		\boxtimes	Federal
	City, State Zip	Corbin, KY 40701			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAN-	9		nbursement Frequency:
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$118,974.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		<i>P</i>		rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	,		,	•	
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Covington Independent			State
	Street Address	25 E. Seventh St.		\boxtimes	Federal
	City, State Zip	Covington, KY 41011			Other:
2	KDE Contact Information:	•	8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	* *	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_		/_///			
5	Award Amount: \$417,825.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – S	eptember 30, 2015	HINI		rict. The aforementioned plan will be evaluated
	The state of the s	mbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			diffi	aurry.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		trict Improvement Plan electronic submission (CDII	_		, -
	•	· ·		-	
14	, , , ,	Greg Ross, Director	D	ate:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Crittenden County			State
	Street Address	601 W. Elm St.		\boxtimes	Federal
	City, State Zip	Marion, KY 42064			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$88,558.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Dy (Name /Title).	rog Boss Director		oto:	lub, 22, 2012
14	• • • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Cumberland County			State
	Street Address	810 N. Mian St.		\boxtimes	Federal
	City, State Zip	Burkesville, KY 42717			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V		<u> </u>	
5	Award Amount: \$82,923.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aiiii	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E E)UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
	•		-	•	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Danville Independent			State
	Street Address	152 E. Martin Luther King Blvd.		\boxtimes	Federal
	City, State Zip	Danville, KY 40422			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	į .	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		74.	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality		1	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ц	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$97,828.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		e nacena E		rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no	II.	4	ually.
12	later than December 10, 2015)	N1/A			
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	regu	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF			
		, , , , , , , , , , , , , , , , , , ,	,		
14	Authorized By (Name/Title): Gi	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund	д Туре:
	Agency Name	Daviess County			State
	Street Address	1622 Southeastern Pkwy.		\boxtimes	Federal
	City, State Zip	Owensboro, KY 42304			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
_	Aaud Aauste (205 002 00		11	F 1	District control of a color to address to address to a
5	Award Amount: \$365,803.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	· · · · · · · · · · · · · · · · · · ·	bered by September 30, 2015 & requested no		Company of the Compan	ually.
	later than December 10, 2015)			U 1	2011
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	the submission of the Teacher Quality Program Ru	daet i	regu	ired for this program. The submission of a quarterly
13		rict Improvement Plan electronic submission (CDIF	_		, •
	report via the comprehensive bisti	tet improvement i lan electronic submission (ebii	<i>j</i> 13 1 C	quire	a for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Dawson Springs Independent			State
	Street Address	118 E Arcadia Ave.		\boxtimes	Federal
	City, State Zip	Dawson Springs, KY 42408			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Reir	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,	_		
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$26,115.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aiiii	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	•	·		-	
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Dayton Independent			State
	Street Address	200 Clay St.		\boxtimes	Federal
	City, State Zip	Dayton, KY 41074			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	rd and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	7		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$73,874.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – S	eptember 30, 2015	HINI		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encu	mbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			allili	dany.
12	Consortia/Partnership Members	: N/A KENTUCKY DEPARTMENT OF	F Ec	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	ıdget i	s requ	ired for this program. The submission of a quarterly
		trict Improvement Plan electronic submission (CDII	_		, -
	•	·		•	
4.4		D. D. Divide			1.1.22.2012
14	, , , ,	Greg Ross, Director	D	ate:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	East Bernstadt Independent			State
	Street Address	296 E. Hwy 30		\boxtimes	Federal
	City, State Zip	East Bernstadt, KY 40729			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$26,131.00		11	Fyal	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	And the same and t	E TOTAL SERVICE		rict. The aforementioned plan will be evaluated
	-	bered by September 30, 2015 & requested no	i.		ually.
12	later than December 10, 2015)	N1/A			
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF			
		, , , , , , , , , , , , , , , , , , ,	,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Edmonson County			State
	Street Address	100 Wildcat Way		\boxtimes	Federal
	City, State Zip	Brownsville, KY 42210			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				_	
5	Award Amount: \$114,062.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	0 0 0 0		allili	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
				ES. Country.	
13		· · · · · · · · · · · · · · · · · · ·	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals			301, 22, 2020
	ַ	ivision of wext defletation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Elizabethtown Independent			State
	Street Address	219 Helm St.		\boxtimes	Federal
	City, State Zip	Elizabethtown, KY 42701			Other:
2	KDE Contact Information:	•	8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	7		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		111		
				_	
5	Award Amount: \$87,585.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – S	eptember 30, 2015	HMI		ity based on a needs assessment conducted by the
	(All funds must be spent or encur	mbered by September 30, 2015 & requested no		40000	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	9 0 0 0 1		allill	udny.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions /Conditions	The submission of the Teacher Quality Program Du	daat :		sized for this program. The submission of a substantiv
13		trict Improvement Plan electronic submission (CDIF	_	-	lired for this program. The submission of a quarterly
	report via the comprehensive bis	trict improvement Plan electronic submission (CDII	2) IS FE	quire	d for this program.
14	Authorized By (Name/Title):	Greg Ross, Director	D	ate:	July 22, 2013
	C	Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Elliott County			State
	Street Address	Main St., Courthouse Sq.		\boxtimes	Federal
	City, State Zip	Sandy Hook, KY 41171			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$95,973.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	bered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)	21/2			• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
			, -	'	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Eminence Independent			State
	Street Address	254 W. Broadway		\boxtimes	Federal
	City, State Zip	Eminence, KY 40019			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$30,564.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.0	Authorized Bu (Name / Title)	van Basa Director			Inh. 22, 2012
14	, , , , ,	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Erlanger-Elsmere Independent			State	
	Street Address	500 Graves Ave.		\boxtimes	Federal	
	City, State Zip	Erlanger, KY 41018			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		- W-	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A		And		
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$80,615.00		11	Fval	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated	
	•	bered by September 30, 2015 & requested no		4000	ually.	
12	later than December 10, 2015) Consortia/Partnership Members:	N/A				
12	Consortia/Partifership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Estill County			State
	Street Address	253 Main St.		\boxtimes	Federal
	City, State Zip	Irvine, KY 40336			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$183,269.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, •
	·	·		-	
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Fairview Independent			State
	Street Address	2201 Main St.		\boxtimes	Federal
	City, State Zip	Ashland, KY 41102			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4		Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$23,377.00		11	Eval	uations: District must submit a plan to address teacher
	, ,	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
		,	, -		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Fayette County			State
	Street Address	701 E. Main St.		\boxtimes	Federal
	City, State Zip	Lexington, KY 40502			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Access	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$1,420,434.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			12 110	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
	·			·	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Fleming County			State
	Street Address	211 W. Water St.		\boxtimes	Federal
	City, State Zip	Flemingsburg, KY 41041			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$141,429.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
1.4	Authorized Dy (Name /Title).	rog Bors Director		oto:	luly 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Floyd County			State
	Street Address	106 N. Front Ave.		\boxtimes	Federal
	City, State Zip	Prestonsburg, KY 41653			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	6	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$603,934.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no	l II	4000	ually.
12	later than December 10, 2015) Consortia/Partnership Members:	N/A			
12	Consortia/Farthership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Fort Thomas Independent			State
	Street Address	28 N. Ft. Thomas Ave.		\boxtimes	Federal
	City, State Zip	Ft. Thomas, KY 41075			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amarint, \$62,402.00		11	Fuel	ustions. District must submit a plan to address toocher
5	Award Amount: \$62,402.00	PROFICIENT & PRED	ЛD		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director		ate	July 22, 2013
14	• • • • • • •	•	U	alt.	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Frankfort Independent			State
	Street Address	506 W. Second St., Suite 2		\boxtimes	Federal
	City, State Zip	Frankfort, KY 40601			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amarint, \$64,000,00		11	Fuel	ustions. District must submit a plan to address toocher
5	Award Amount: \$64,989.00	PROFICIENT & PRED	ЛD		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Du (Name / Title)	voa Boss Divostov			Inh. 22, 2012
14	• • • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Franklin County			State
	Street Address	916 E. Main St.		\boxtimes	Federal
	City, State Zip	Frankfort, KY 40601			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$226,492.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, -
1.4	Authorized Du (Name - /Title)	yea Bass Divertor		otc:	Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name	Fulton County			State
	Street Address	2780 Moscow Ave.		\boxtimes	Federal
	City, State Zip	Hickman, KY 42050			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		1		
5	Award Amount: \$60,319.00		11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ntombor 20, 2015	ARI		ity based on a needs assessment conducted by the
0		bered by September 30, 2015 & requested no		dist	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2013 & requested no		ann	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E En	HC	ATION
			1 12 02 05		303778527035
13		· · ·	_		ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): Gi	reg Ross, Director	D	ate:	July 22, 2013
	• •	vision of Next Generation Professionals	_		, ,
	<u> </u>	VISION OF NEXT OCHERACION FIOLESSICIAIS			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name	Fulton Independent			State
	Street Address	304 W. State Line		\boxtimes	Federal
	City, State Zip	Fulton, KY 42041			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aard Amazunt. (20 572 00		11	Fuel	ustione. District result submit a plan to address to about
5	Award Amount: \$38,573.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, -
1.4	Authorized Bu (Name / Title)	van Basa, Diwastan			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Gallatin County			State
	Street Address	75 Boardwalk		\boxtimes	Federal
	City, State Zip	Warsaw, KY 41095			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$74,110.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, •
1.4	Authorized Dy (Name /Title).	rog Bors Director		oto:	luly 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Garrard County			State
	Street Address	322 W. Maple St.		\boxtimes	Federal
	City, State Zip	Lancaster, KY 40444			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	į .	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-54	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality		1	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$114,406.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔPI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E TOTAL SERVICE		ict. The aforementioned plan will be evaluated
	•	bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			50.50	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Ru	døet is	regu	ired for this program. The submission of a quarterly
10		ict Improvement Plan electronic submission (CDIF	_		, -
	. opone na uno comprenenciono zna	(02	,	900	a ron time programm
14	Authorized By (Name/Title): Gr	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Glasgow Independent			State
	Street Address	1108 Cleveland Ave.		\boxtimes	Federal
	City, State Zip	Glasgow, KY 42142			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$113,928.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2015 & requested no		4000	ually.
12	Consortia/Partnership Members:	N/A	-		
12	Consortia, Farthership Members.	N/A KENTUCKY DEPARTMENT OF	EED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Grant County			State
	Street Address	820 Arnie Risen Blvd.		\boxtimes	Federal
	City, State Zip	Williamstown, KY 41097			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	ri e	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$157,000.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HINI		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aini	auny.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Ru	daet is	regu	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, •
	report via the comprehensive bise	The improvement han electronic submission (ebil	, 13 1 0	quire	a for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Graves County			State
	Street Address	2290 State Route 121 N.		\boxtimes	Federal
	City, State Zip	Mayfield, KY 42066			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/10	,	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAV -	9		nbursement Frequency:
3	Description/Fund Source of Award	C A A 3		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher		Ш	Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
5	Award Amount: \$186,547.00		11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ntember 20, 2015	ARI		ity based on a needs assessment conducted by the
U		bered by September 30, 2015 & requested no		distr	ict. The aforementioned plan will be evaluated
	later than December 10, 2015)	beled by September 30, 2013 & requested no		annı	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F ED	UCA	ATION
13		, -	_	•	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	ict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): Gr	eg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Grayson County			State
	Street Address	909 Brandenburg Rd.		\boxtimes	Federal
	City, State Zip	Leitchfield, KY 42754			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$251,628.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (1991)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Du (Name - /Title)	yea Bass Divertor		otc:	Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Green County			State
	Street Address	402 East Hodgenville Ave.		\boxtimes	Federal
	City, State Zip	Greensburg, KY 42743			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aa.d Aa		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$95,252.00	PROFICIENT & PRED	ЛDI		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	,	•	•	•	. •
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Greenup County			State
	Street Address	45 Musketeer Dr.		\boxtimes	Federal
	City, State Zip	Greenup, KY 41144			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$199,338.00		11	Fval	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E	-	rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no	E.	4000	ually.
12	later than December 10, 2015) Consortia/Partnership Members:	N/A	-		
12	Consortia/Farthership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Hancock County			State
	Street Address	83 State Rt. 3543		\boxtimes	Federal
	City, State Zip	Hawesville, KY 42348			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	į 🔲	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		751	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$71,805.00		11	Eval	uations: District must submit a plan to address teacher
	•	PROFICIENT & PREP	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – S	And the second s	F-11/11/11/11		rict. The aforementioned plan will be evaluated
	· ·	mbered by September 30, 2015 & requested no		400000	ually.
40	later than December 10, 2015)	21/2		32 350	• 254 204
12	Consortia/Partnership Members	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	ıdget i	s requ	ired for this program. The submission of a quarterly
		trict Improvement Plan electronic submission (CDII	_		, -
1.4	Authorized Du (Name /Title)	Svog Bore, Director		atc:	lub, 22, 2012
14	, , , ,	Greg Ross, Director	U	ale:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Hardin County			State
	Street Address	65 W.A. Jenkins Rd.		\boxtimes	Federal
	City, State Zip	Elizabethtown, KY 42701			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amend	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$514,798.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			12 110	• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, •
1.1	Authorized Du (Name /Title)	voa Boss Divostov			Iuli. 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Harlan County			State
	Street Address	251 Ball Park Rd.		\boxtimes	Federal
	City, State Zip	Harlan, KY 40831			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$460,854.00		11	Eval	uations: District must submit a plan to address teacher
	• ,	PROFICIENT & PRED	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 200 200
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
		(,	-	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Harlan Independent			State
	Street Address	420 E. Central St.		\boxtimes	Federal
	City, State Zip	Harlan, KY 40831			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Amount 640 885 00		11	Fyral	ustions. District must submit a plan to address toocher
5	Award Amount: \$49,885.00	PROFICIENT & PRED	ЛD		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLICICA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			52 50	• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDII	-		, •
	-				
1.0	Authorized Du (Nove - /Title)	van Basa Director			Iul. 22, 2012
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Harrison County			State
	Street Address	308 Webster Ave.		\boxtimes	Federal
	City, State Zip	Cynthiana, KY 41031			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,	_		
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$142,915.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E E	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
	·	·	,	•	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Hart County			State
	Street Address	25 Quality St.		\boxtimes	Federal
	City, State Zip	Munfordville, KY 42765			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$168,030.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Du (Name - /Title)	yea Bass Divertor			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Hazard Independent			State
	Street Address	705 Main St		\boxtimes	Federal
	City, State Zip	Hazard, KY 41701			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amend	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$66,164.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			12 110	* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_	•	, -
1.1	Authorized By (Name /Title)	voa Boss Divostov			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Henderson County			State
	Street Address	1805 Second St.		\boxtimes	Federal
	City, State Zip	Henderson, KY 42420			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$330,825.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.0	Authorized Du (Name /Title)	voa Boss Divostov			Inh. 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Henry County			State	
	Street Address	326 S. Main St.		\boxtimes	Federal	
	City, State Zip	New Castle, KY 40050			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$97,117.00		11	Eval	uations: District must submit a plan to address teacher	
		PROFICIENT & PRED	API		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated	
	· ·	bered by September 30, 2015 & requested no		4000	ually.	
40	later than December 10, 2015)	21/2		120 3970	• 500 000	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly	
		rict Improvement Plan electronic submission (CDIF	_		, -	
	·	·	•	•		
14	Authorized By (Name/Title): Gi	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Hickman County			State
	Street Address	416 Waterfield Dr.		\boxtimes	Federal
	City, State Zip	Clinton, KY 42031			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$45,394.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔP		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		PTR///30/		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	equire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate:	July 22, 2013
	• • • • • • •	vision of Next Generation Professionals			
	<u> </u>	AND OF MEY OCHERATION LINESPINION			

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Hopkins County			State	
	Street Address	320 S. Seminary St.		\boxtimes	Federal	
	City, State Zip	Madisonville, KY 42431			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		- TAN-	9		nbursement Frequency:	
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality	9			
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$380,810.00		11	Eval	uations: District must submit a plan to address teacher	
		PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated	
	· ·	bered by September 30, 2015 & requested no		Company of the Compan	ually.	
	later than December 10, 2015)			120 3970	• 500 000	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly	
		rict Improvement Plan electronic submission (CDII	_		, -	
		, in the second	,	-,-		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013	
	Di	ivision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Jackson County			State
	Street Address	Hwy 421, PO Box 217		\boxtimes	Federal
	City, State Zip	McKee, KY 40447			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$208,304.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	DUCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
	·	·			, -
4 -	4 11 1 18 /At /mit 1 5	5 5.			
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund	d Type:
	Agency Name	Jackson Independent			State
	Street Address	940 Highland Ave.		\boxtimes	Federal
	City, State Zip	Jackson, KY 41339			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$21,109.00		11	Fval	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E.		rict. The aforementioned plan will be evaluated
	(All funds must be spent or encum later than December 10, 2015)	bered by September 30, 2015 & requested no	E.	Company of the Compan	ually.
12	Consortia/Partnership Members:	N/A	-		
12	Consortia/Partifership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Jefferson County			State
	Street Address	3332 Newburg Rd.		\boxtimes	Federal
	City, State Zip	Louisville, KY 40232			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$4,562,682.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	DUCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
	·	·			, -
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Jenkins Independent			State
	Street Address	269 Old Hwy 3086		\boxtimes	Federal
	City, State Zip	Jenkins, KY 41537			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amount: \$52,469.00		11	Fuel	ustione. District result submit a plan to address to about
5	• •	PROFICIENT & PRED	A D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	·	,	•	•	, ,
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Jessamine County			State	
	Street Address	871 Wilmore Rd.		\boxtimes	Federal	
	City, State Zip	Nicholasville, KY 40356			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		-5N-	9		nbursement Frequency:	
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality	9			
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$279,827.00		11	Eval	uations: District must submit a plan to address teacher	
		PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated	
		bered by September 30, 2015 & requested no		Company of the Compan	ually.	
	later than December 10, 2015)			120 3970	• 500 000	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly	
		rict Improvement Plan electronic submission (CDII	_		, , ,	
		, in the second	,	-,-		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013	
	Di	ivision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Johnson County			State
	Street Address	253 N. Mayo Tr.		\boxtimes	Federal
	City, State Zip	Paintsville, KY 41240			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$271,554.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ptember 30, 2015	HIMI		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encum	bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
				25. 00.00	
13		· · · · · · · · · · · · · · · · · · ·	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• •	ivision of Next Generation Professionals	_		, , ===
	ال	itioion of itext deficiation i folegatorials			

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Kenton County			State	
	Street Address	1055 Eaton Dr.		\boxtimes	Federal	
	City, State Zip	Fort Wright, KY 41017			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award	·			Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
				Ų	Other	
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$364,473.00		11	Fval	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no	li.	4000	ually.	
12	Consortia/Partnership Members:	N/A	gen			
12	consortia, rarthership wiembers.	N/A KENTUCKY DEPARTMENT OF	EED	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.	
4 -						
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Knott County			State
	Street Address	1156 Hindman Bypass		\boxtimes	Federal
	City, State Zip	Hindman, KY 41822			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aard Amazunt. 6205 875 00		11	- Free!	ustione. District result submit a plan to address to about
5	Award Amount: \$265,875.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E Ec	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	lired for this program. The submission of a quarterly
-•	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
		, , , , , , , , , , , , , , , , , , , ,	,	1.	
14	Authorized By (Name/Title): Gi	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Knox County			State
	Street Address	200 Dainel Boone Dr.		\boxtimes	Federal
	City, State Zip	Barbourville, KY 40906			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aaud Amazumti. 6440 046 00		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$440,946.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
	•	·		-	
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	LaRue County			State
	Street Address	208 College St		\boxtimes	Federal
	City, State Zip	Hodgenville, KY 42748			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344	88		Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
5	Award Amount: \$113,890.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	-		, •
1.4	Authorized Dy (Name /Title).	rog Bors Director		oto:	luly 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Laurel County			State
	Street Address	718 N. Main St.		\boxtimes	Federal
	City, State Zip	London, KY 40741			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	į .	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality		1	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ц	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$535,711.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E TOTAL SERVICE		rict. The aforementioned plan will be evaluated
	-	bered by September 30, 2015 & requested no	i.	4	ually.
42	later than December 10, 2015)	N1/A			
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	regu	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF			
	, , , , , , , , , , , , , , , , , , , ,	,	,		. 5
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Lawrence County			State
	Street Address	50 Bulldog Lane		\boxtimes	Federal
	City, State Zip	Louisa, KY 41230			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$221,267.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
	·				
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Lee County			State
	Street Address	242 Lee Ave.		\boxtimes	Federal
	City, State Zip	Beattyville, KY 41311			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$125,058.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	API		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no		Company of the Compan	ually.
	later than December 10, 2015)	21/2			* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, -
		, , , , , , , , , , , , , , , , , , , ,	,	-,-	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Leslie County			State
	Street Address	108 Maple St.		\boxtimes	Federal
	City, State Zip	Hyden, KY 41749			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAV -	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		1		
5	Award Amount: \$207,391.00		11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	entember 20, 2015	ARI		ity based on a needs assessment conducted by the
0		bered by September 30, 2015 & requested no		distr	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	ibered by September 50, 2015 & requested no	i	annı	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- En	11/27	TION
		RENTOCKT DEPARTMENT OF		, UC/	ATION
13			_		ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate.	July 22, 2013
	• •	ivision of Next Generation Professionals	,	utc.	Jan, 22, 2015
	וט	ivision of next deneration Professionals			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name	Letcher County			State
	Street Address	244 Parks St.		\boxtimes	Federal
	City, State Zip	Whitesburg, KY 41858			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Acres of	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$287,723.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIONA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			120 110	• 5.5% (1995)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, -
	-				
1.0	Authorized Du (Name - /Title)	yea Bass Divertor		atc:	Iuli. 22, 2012
14	• • • •	reg Ross, Director	U	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Lewis County			State
	Street Address	96 Plummer Ln.		\boxtimes	Federal
	City, State Zip	Vanceburg, KY 41179			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aand Amazanata (182 015 00		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$183,915.00	PROFICIENT & PRED	11 A D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	·	,	•	•	
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Lincoln County			State
	Street Address	305 Danville Ave.		\boxtimes	Federal
	City, State Zip	Stanford, KY 40484			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
5	Award Amount: \$250,753.00		11	Fval	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2015 & requested no		anni	ually.
12	Consortia/Partnership Members:	N/A	-		
	consortiu, rartinersing members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.
4 -					
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Livingston County			State
	Street Address	127 E. Adair St.		\boxtimes	Federal
	City, State Zip	Smithland, KY 42081			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$69,617.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	·	,	•	•	, ,
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Logan County			State
	Street Address	2222 Bowling Green Rd.		\boxtimes	Federal
	City, State Zip	Russellville, KY 42276			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$154,425.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 200 2000
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s real	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
		, , , , , , , , , , , , , , , , , , , ,	,	, .	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Ludlow Independent			State
	Street Address	525 Elm St.		\boxtimes	Federal
	City, State Zip	Ludlow, KY 41016			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
	_	Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$43,454.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 200 2000
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, •
		, , , , , , , , , , , , , , , , , , ,	,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Lyon County			State
	Street Address	217 Jenkins Rd.		\boxtimes	Federal
	City, State Zip	Eddyville, KY 42038			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Annual States	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aand Amazonati, 642 262 00		11	F l	ustione. District result submit a plan to address to about
5	Award Amount: \$42,363.00	PROFICIENT & PRED	ЛDI		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se			-	rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, -
	•	•	•	•	
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Madison County			State
	Street Address	550 S. Keeneland Dr.		\boxtimes	Federal
	City, State Zip	Richmond, KY 40475			Other:
2	KDE Contact Information:	•	8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	- S		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	7		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$447,327.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – S	eptember 30, 2015	run:		rict. The aforementioned plan will be evaluated
	The state of the s	mbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			all III	duriy.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ec	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	ıdget i	s requ	ired for this program. The submission of a quarterly
		trict Improvement Plan electronic submission (CDII	_		, -
1.4	Authorized Dy (Name /Title)	Cuna Boss Divertor		ate:	Inh. 22, 2012
14	, , , ,	Greg Ross, Director	ט	ate:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Magoffin County			State
	Street Address	109 Gardner Tr.		\boxtimes	Federal
	City, State Zip	Saylersville, KY 41465			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$243,565.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, -
1.1	Authorized Du (Name /Title)	vez Bess Divertor			Inh. 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Marion County			State
	Street Address	755 E. Main St.		\boxtimes	Federal
	City, State Zip	Lebanon, KY 40033			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amount: \$167,097.00		11	- Free!	ustione. District result submit a plan to address to about
5	•	PROFICIENT & PRED	11 A D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – S				rict. The aforementioned plan will be evaluated
	The state of the s	mbered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ec	UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	ıdget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	trict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
1.4	Authorized By (Name /Title)	Crog Boss Director		oto:	lub, 22, 2012
14	, , , ,	Greg Ross, Director	U	ale:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Marshall County			State
	Street Address	86 High School Rd.		\boxtimes	Federal
	City, State Zip	Benton, KY 42025			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Annual States	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$191,734.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AP		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		F-11.11.31.21	-	rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s real	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
		,	•		
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Martin County			State
	Street Address	PO Box 366		\boxtimes	Federal
	City, State Zip	Inez, KY 41224			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$204,839.00		11	Eval	uations: District must submit a plan to address teacher
	• ,	PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		<i>P</i>		rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Ru	dget i	s regu	uired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	, repert that the comprehensive 2.55	(,	9	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Mason County			State	
	Street Address	34 East Second St.		\boxtimes	Federal	
	City, State Zip	Maysville, KY 41056			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award	·			Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
				Ų	Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$159,864.00		11	Fval	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no	li.	4000	ually.	
12	Consortia/Partnership Members:	N/A	green .			
12	Consortia, raithership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Mayfield Independent			State
	Street Address	914 E. College St.		\boxtimes	Federal
	City, State Zip	Mayfield, KY 42066			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				_	
5	Award Amount: \$95,484.00	PROFICIENT & PRES	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	9 0 0 0		allili	udny.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
				ES. Country.	
13		•	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals			
	ַע	ivision of wext defleration Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	McCracken County			State
	Street Address	435 Berger Rd.		\boxtimes	Federal
	City, State Zip	Paducah, KY 42001			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aard Amazunt. (220 040 00		11	- Frank	ustione. District result submit a plan to address to about
5	Award Amount: \$238,949.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
14	Authorized By (Name/Title): G	reg Ross, Director		ato:	July 22, 2013
14	• • • • • • •	•	U	ale.	July 22, 2013
	וט	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	McCreary County			State
	Street Address	120 Raider Way		\boxtimes	Federal
	City, State Zip	Sterns, KY 42647			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9		nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$314,198.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
	•	•	-	•	
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	McLean County			State
	Street Address	283 Main St.		\boxtimes	Federal
	City, State Zip	Calhoun, KY 42327			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amount: \$81,522.00		11	Fuel	ustione. District result submit a plan to address to about
5	• •	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	And the second s			rict. The aforementioned plan will be evaluated
		nbered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
1.0	Authorized Du (Nove - Title)	Succession Discoston			Luly 22, 2012
14	, , , ,	reg Ross, Director	ט	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Meade County			State
	Street Address	1155 Old Ekron Rd.		\boxtimes	Federal
	City, State Zip	Brandenburg, KY 40108			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		mbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
		/ / / V			
5	Award Amount: \$198,470.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HMI		lity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aini	uany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
42	Consist to stand the standard of the standard	The submission of the Tay day O all Day	d= - 1 *		tional for this program . The sail best state of five and the
13		· · · ·	_		ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals		-	• •
	<u> </u>	31 Heat Generation Floressionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Menifee County			State
	Street Address	202 Back St.		\boxtimes	Federal
	City, State Zip	Franchburg, KY 40322			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4		Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$82,647.00		11	Eval	uations: District must submit a plan to address teacher
	, ,	PROFICIENT & PRED	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	·	•	-	•	
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Mercer County			State	
	Street Address	371 e. Lexington St.		\boxtimes	Federal	
	City, State Zip	Harrodsburg, KY 40330			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	NA.	<i>i</i>	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher		Ш	Quarterly	
		Quality	1			
	Fund Source	US Department of Education	/		Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
				Ш	Other	
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$147,297.00		11	Fval	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no	II.	4000	ually.	
12	Consortia/Partnership Members:	N/Δ	pro-			
12	consortia, rarthership Weinbers.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Metcalfe County			State	
	Street Address	109 Sartin Dr.		\boxtimes	Federal	
	City, State Zip	Edmonton, KY 42129			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		- W-	9		nbursement Frequency:	
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality	9			
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$113,518.00		11	Eval	uations: District must submit a plan to address teacher	
		PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated	
	· ·	bered by September 30, 2015 & requested no		4000	ually.	
	later than December 10, 2015)				* 2.5% pilo	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly	
		rict Improvement Plan electronic submission (CDII	_		, , ,	
		, in the second	,	-,-		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013	
	Di	ivision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Middlesboro Independent			State
	Street Address	220 N. 20th St.		\boxtimes	Federal
	City, State Zip	Middlesboro, KY 40965			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
	_	Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$117,422.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	nbered by September 30, 2015 & requested no		400000	ually.
40	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s real	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
	·	,	•	•	, ,
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Monroe County			State
	Street Address	309 Emberton St.		\boxtimes	Federal
	City, State Zip	Tompkinsville, KY 42167			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Reir	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V		<u> </u>	
5	Award Amount: \$123,993.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		100000	ually.
	later than December 10, 2015)			aiiii	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E Ec	UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
				-	
1.0	Authorized Du (Nove - Title)	was Basa Disastas			Luly 22, 2012
14	, , , ,	reg Ross, Director	ט	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Montgomery County			State
	Street Address	700 Woodford Dr.		\boxtimes	Federal
	City, State Zip	Mt. Sterling, KY 40353			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$205,346.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director		ato:	July 22, 2013
14	• • • • • • • • • • • • • • • • • • • •	•	U	ale.	July 22, 2013
	<u> </u>	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Morgan County			State
	Street Address	212 University Dr.		\boxtimes	Federal
	City, State Zip	West Liberty, KY 41472			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	\sim	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$189,958.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLICICA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			52 50	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
1.0	Authorized Bu (Name / Title)	van Basa Director			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Muhlenberg County			State
	Street Address	510 W. Main St.		\boxtimes	Federal
	City, State Zip	Powderly, KY 42367			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	\sim	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$289,295.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIONA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			52 50	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	-		, -
1.0	Authorized Du (Name - /Title)	yea Bass Divertor		ate:	Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Murray Independent			State
	Street Address	208 S. 13th Street		\boxtimes	Federal
	City, State Zip	Murray, KY 42071			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher		الما	Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$62,091.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no		4000	ually.
	later than December 10, 2015)			120	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s real	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, , ,
	- p	, in the second	,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Nelson County			State
	Street Address	288 Wildcat Ln.		\boxtimes	Federal
	City, State Zip	Bardstown, KY 40004			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$193,725.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, -
1.4	Authorized Du (Name - /Title)	yea Bass Divertor		otc:	Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Newport Independent			State
	Street Address	301 E. Eight St.		\boxtimes	Federal
	City, State Zip	Newport, KY 41071			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAV -	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ų	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$240,440.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no	l II	4000	ually.
12	later than December 10, 2015) Consortia/Partnership Members:	N/A			
12	Consortia/Farthership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Nicholas County			State
	Street Address	395 W. Main St.		\boxtimes	Federal
	City, State Zip	Carlisle, KY 40311			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	\sim	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Award Amarint, \$75,220,00		11	Fyral	ustions. District must submit a plan to address toocher
5	Award Amount: \$75,339.00	PROFICIENT & PRED	ЛD		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLICICA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			52 50	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	-		, -
14	Authorized By (Name/Title): G	reg Ross, Director		ato:	July 22, 2013
14	• • • • • • •	•	U	ale.	July 22, 2013
	וט	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Ohio County			State
	Street Address	315 E. Union St.		\boxtimes	Federal
	City, State Zip	Hartford, KY 42347			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$229,453.00		11	Eval	uations: District must submit a plan to address teacher
	• ,	PROFICIENT & PRED	AP		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		F-11.11.31.21		rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Ru	ıdget i	s regu	uired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	report via the comprehensive bise		, , , , ,	quiic	a 101 tills programm
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Oldham County			State
	Street Address	6165 W. Highway 146		\boxtimes	Federal
	City, State Zip	Crestwood, KY 40014			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$212,698.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.1	Authorized Du (Name /Title)	voa Boss Director			Inh. 22, 2012
14	• • • •	reg Ross, Director	U	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Owen County			State
	Street Address	1600 Hwy. 22 E.		\boxtimes	Federal
	City, State Zip	Owenton, KY 40359			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- W-	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality		\sim	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
_	0 11 11 12 10 10 10 10 10	"II II D 14 FD04D 24 SFD D 14 FG FF F0 60			Other
4	81 & 85.	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		11		
5	Award Amount: \$105,589.00		11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	entember 20, 2015	ARI		ity based on a needs assessment conducted by the
O		bered by September 30, 2015 & requested no		distr	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	ibered by September 30, 2015 & requested no		annı	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- En	IIC/	TION
	-	KENTOCKT DEPARTMENT OF		UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	<u> </u>	ato.	July 22, 2013
17	* * * * * * * * * * * * * * * * * * * *	ivision of Next Generation Professionals		atc.	July 22, 2013
	U	ivision of ivext Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Owensboro Independent			State
	Street Address	450 Griffth Ave.		\boxtimes	Federal
	City, State Zip	Owensboro, KY 42301			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAN-	9		nbursement Frequency:
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$320,983.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no		Company of the Compan	ually.
	later than December 10, 2015)			120 3970	• 500 000
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, , ,
		, in the second	,	-,-	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Owsley County			State
	Street Address	Corner Court & Main, Rt. 3		\boxtimes	Federal
	City, State Zip	Booneville, KY 41314			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4		Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				_	
5	Award Amount: \$103,482.00	PROFICIENT & PRES	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AKI		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	9 0 0 0		allili	udny.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
	_			ES. Country.	
13		•	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals			,
	<u> </u>	INISION OF NEXT GENERATION PROJESSIONAIS			

1	Name and Address of Recipient: 7		7	Fund	d Type:
	Agency Name	Paducah Independent			State
	Street Address	800 Caldwell St.		\boxtimes	Federal
	City, State Zip	Paducah, KY 42003			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	6	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$259,712.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	API		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	•	bered by September 30, 2015 & requested no		Company of the Compan	ually.
	later than December 10, 2015)	21/2		120 3970	• 500 000
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
	1 To	rict Improvement Plan electronic submission (CDIF	_		, , ,
	- p	, , , , , , , , , , , , , , , , , , , ,	,	-,-	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Paintsville Independent			State
	Street Address	305 Second St.		\boxtimes	Federal
	City, State Zip	Paintsville, KY 41240			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$37,918.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E E	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	•	•	-	•	
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
		ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Paris Independent			State
	Street Address	310 W. 7th St.		\boxtimes	Federal
	City, State Zip	Paris, KY 40361			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	\sim	
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$59,911.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	AP		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			52 50	• 5.5.5 pin
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, •
	·				, ,
	4 11 1 18 /At /mit 1 5	5 5:			
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Pendleton County			State
	Street Address	2525 Hwy 27 N.		\boxtimes	Federal
	City, State Zip	Falmouth, KY 41040			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	A.u.and Amazunti, \$129,224.00		11	Fuel	ustions. District must submit a plan to address to shore
5	Award Amount: \$128,324.00	PROFICIENT & PRED	ΛD		uations: District must submit a plan to address teacher ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	• 5.5.5 pin
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
1.0	Authorized Du (Nove - /Title)	van Basa, Diwastan			Iul. 22, 2012
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund	d Type:
	Agency Name	Perry County			State
	Street Address	315 Park Ave.		\boxtimes	Federal
	City, State Zip	Hazard, KY 41701			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	NA.	į.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAV -	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	* * * * * * * * * * * * * * * * * * * *	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$363,513.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no	E.	Company of the Compan	ually.
12	later than December 10, 2015) Consortia/Partnership Members:	N/A	-		
12	Consortia/Partnership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Pike County			State
	Street Address	316 S. Mayo Tr.		\boxtimes	Federal
	City, State Zip	Pikeville, KY 41501			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Acres of	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$714,539.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIONA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			120 110	• 5.5.5 pin
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		
1.0	Authorized Du (Name - /Title)	yea Bass Divertor		atc:	Iuli. 22, 2012
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Pikeville Independent			State
	Street Address	148 Second St.		\boxtimes	Federal
	City, State Zip	Pikeville, KY 41501			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ч	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$83,679.00		11	Fyral	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLICICA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)				
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.0	Authorized Du (Name / Title)	yea Bass Divertor		ate:	Inh. 22, 2012
14	• • • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Pineville Independent			State
	Street Address	401 Virginia Ave.		\boxtimes	Federal
	City, State Zip	Pineville, KY 40977			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-W-	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality		\sim	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports Other
4	Cuant Authority (Sauras), NCID T	l itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			Other
4	81 & 85.	ille II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	61 & 65.				
5	Award Amount: \$43,134.00	D	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ptember 30, 2015	ARI		ity based on a needs assessment conducted by the
		bered by September 30, 2015 & requested no		400000	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)		II.	annı	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Ru	dget is	regu	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	
		(,	900	
-					
14		reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund	д Туре:
	Agency Name	Powell County			State
	Street Address	691 Breackinridge St.		\boxtimes	Federal
	City, State Zip	Stanton, KY 40380			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$170,336.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	API		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no		Company of the Compan	ually.
	later than December 10, 2015)	21/2		120 3970	• 100 000
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, •
		, , , , , , , , , , , , , , , , , , , ,	,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Pulaski County			State
	Street Address	501 E University Dr.		\boxtimes	Federal
	City, State Zip	Somerset, KY 42502			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$442,360.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, -
	-				
1.0	Authorized Du (Name - /Title)	yea Bass Divertor			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name	Raceland Independent			State
	Street Address	600 Ram Blvd.		\boxtimes	Federal
	City, State Zip	Raceland, KY 41169			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$36,805.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			12 31	* 5.5% (198)
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E c	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.4	Authorized Du (Name - /Title)	yea Bass Divertor			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ale:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Robertson County			State
	Street Address	Main St., PO Box 108		\boxtimes	Federal
	City, State Zip	Mr. Olivert, KY 41064			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_					
5	Award Amount: \$23,223.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIN!		rict. The aforementioned plan will be evaluated
		nbered by September 30, 2015 & requested no			ually.
	later than December 10, 2015)			diffi	aurry.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C)UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
4.4	A II I I D IA I I I TO I A	District Control			1.1.22.2012
14	, , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Rockcastle County			State
	Street Address	245 Richmond St.		\boxtimes	Federal
	City, State Zip	Mt. Vernon, KY 40456			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2	r.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aaud Amazaunti (105 007 00		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$195,987.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	•		-	•	
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Rowan County			State
	Street Address	121 E. Second St.		\boxtimes	Federal
	City, State Zip	Morehead, KY 40351			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-W-	9		nbursement Frequency:
3	Description/Fund Source of Awar	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
	_	Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$186,547.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	AR		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	-	bered by September 30, 2015 & requested no		4	ually.
40	later than December 10, 2015)	21/2			• 254 204
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_	-	, -
	'	·	,	•	, ,
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Russell County			State
	Street Address	404 S. Main St.		\boxtimes	Federal
	City, State Zip	Jamestown, KY 42629			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$173,550.00		11	- Frank	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLIOLI B		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
1.0	Authorized Bu (Name / Title)	van Basa Director			Inh. 22, 2012
14	• • • •	reg Ross, Director	ט	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund	Fund Type:		
	Agency Name	Russell Independent			State		
	Street Address	409 Belfont St.		\boxtimes	Federal		
	City, State Zip	Russell, KY 41169			Other:		
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request		
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement		
	Street Address	8 th Floor, 500 Mero St.	NA.	į.	Automatic Payment		
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum		
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601					
		- TAV-	9		nbursement Frequency:		
3	Description/Fund Source of Award	·			Monthly		
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly		
		Quality					
	Fund Source	US Department of Education	/	Ш	Other		
	CFDA#	84.367A					
	MUNIS Project Number	4014	10		ncial Reporting Method:		
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports		
					Other		
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,					
	81 & 85.		10				
5	Award Amount: \$80,876.00		11	Fval	uations: District must submit a plan to address teacher		
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the		
6	Period of Award: July 1, 2013 – Se		E .		rict. The aforementioned plan will be evaluated		
	(All funds must be spent or encum later than December 10, 2015)	bered by September 30, 2015 & requested no	E.	4000	ually.		
12	Consortia/Partnership Members:	N/A	-				
12	Consortia/Farthership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION		
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly		
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.		
14	* * * * *	reg Ross, Director	D	ate:	July 22, 2013		
	Di	vision of Next Generation Professionals					

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Russellville Independent			State
	Street Address	355 S. Summer St.		\boxtimes	Federal
	City, State Zip	Russellville, KY 42276			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A		Annual States	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aaud Amazineti, 654 838 00		11	F l	ustione. District result submit a plan to address to about
5	Award Amount: \$54,838.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UC	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
	·	,	•		, ,
14	,, , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Science Hill Independent			State
	Street Address	6007 N. Hwy 27		\boxtimes	Federal
	City, State Zip	Science Hill, KY 42553			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				_	
5	Award Amount: \$12,232.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	0 0 0 0		allili	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
				ES. Country.	
13		· · · ·	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate.	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals		utc.	,,
	ַע	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Scott County			State
	Street Address	2168 Frankfort Pk		\boxtimes	Federal
	City, State Zip	Georgetown, KY 40324			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2	r.	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar	·		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
				_	
5	Award Amount: \$238,508.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		400000	rict. The aforementioned plan will be evaluated ually.
	later than December 10, 2015)	0 0 0 0		allili	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
		90 Alba (1980) - 25 Arrivation (1) - 1554 (1980) - 12 (1980) (1980) (1980) - 12 (1980)		ES. Country.	
13		•	_	-	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ato.	July 22, 2013
1-7		ivision of Next Generation Professionals	J	atc.	July 22, 2013
	ע	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Shelby County			State
	Street Address	1155 West Main St.		\boxtimes	Federal
	City, State Zip	Shelbyville, KY 40066			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher		الما	Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ц	Other
4	* * ·	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
_	Aand Amazonto (2402-704-00		11	F1	District constants when the colour to add and the colour
5	Award Amount: \$193,794.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	· · · · · · · · · · · · · · · · · · ·	bered by September 30, 2015 & requested no		4000	ually.
	later than December 10, 2015)			120	* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	The submission of the Teacher Quality Program Ru	daet i	s regi	ired for this program. The submission of a quarterly
13	· ·	rict Improvement Plan electronic submission (CDIF	_		, , ,
	report via the comprehensive bisti	The improvement han electronic submission (ebit	<i>j</i> 13 1 C	.quii c	a for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Silver Grove Independent			State
	Street Address	108 W. Third St.		\boxtimes	Federal
	City, State Zip	Silver Grove, KY 41085			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	rd and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$6,666.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – S	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encu	mbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			allili	dany.
12	Consortia/Partnership Members	N/A KENTUCKY DEPARTMENT OF	E	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
		trict Improvement Plan electronic submission (CDII	_		, -
	·	·		-	
4.5		D. B. Birrit			
14	, , , ,	Greg Ross, Director	D	ate:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Simpson County			State
	Street Address	430 S. College St.		\boxtimes	Federal
	City, State Zip	Franklin, KY 42134			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Awar				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aand Amazanata (126 225 00		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$126,325.00	PROFICIENT & PRED	11 A D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	nbered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	·	,	•	•	
14	, , , , ,	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Somerset Independent			State
	Street Address	305 College St.		\boxtimes	Federal
	City, State Zip	Somerset, KY 42501			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,	_		
	81 & 85.		10		
		/ / / V		<u> </u>	
5	Award Amount: \$79,270.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIM		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aiiii	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	DUCA	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_		, -
	•		•	•	. •
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Southgate Independent			State
	Street Address	W. Blatt & Evergreen		\boxtimes	Federal
	City, State Zip	Southgate, KY 41071			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	100		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award	·		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9		
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Acres of	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$9,922.00		11	Fuel	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ЛD		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		POLICICA E		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)				• 5.5% pilot
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E C	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_		, •
14	Authorized By (Name/Title): G	reg Ross, Director		ato.	July 22, 2013
1-7	• • • • • • •	•	U	ate.	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Spencer County			State
	Street Address	207 West Main St.		\boxtimes	Federal
	City, State Zip	Taylorsville, KY 40071			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		mbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• • • • • • • • • • • • • • • • • • • •	Fitle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
		/ / / V			
5	Award Amount: \$79,817.00	PROFICIENT & PRED	11		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HMI		lity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encun	nbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			aini	udily.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13		•	_		ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDII	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals	_		
		THOSE OF ITEM GENERALISH FORESSIONALS			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Taylor County			State
	Street Address	1209 E. Broadway		\boxtimes	Federal
	City, State Zip	Campbellsville, KY 42718			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher		الما	Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4		itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$98,999.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔDI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		P 31. // 31. // E		rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no		4000	ually.
	later than December 10, 2015)	21/2		520 5570	- 5.5 - 5.5
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s real	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, , ,
	·	·	•	•	
14	Authorized By (Name/Title): Gi	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Todd County			State
	Street Address	205 Airport Rd.		\boxtimes	Federal
	City, State Zip	Elkton, KY 42220			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	6	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAV -	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$109,414.00		11	Fyal	uations: District must submit a plan to address teacher
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E.		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no	E.	Company of the Compan	ually.
12	later than December 10, 2015) Consortia/Partnership Members:	N/A	-		
12	Consortia/Partifership Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDIF	_		, , ,
14	* * * * *	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Trigg County			State
	Street Address	202 Main St.		\boxtimes	Federal
	City, State Zip	Cadiz, KY 42211			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		- TAN-	9		nbursement Frequency:
3	Description/Fund Source of Award	· · · · · · · · · · · · · · · · · · ·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	9	_	
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
_	Aa.d Aa		11	- Free l	ustione. District result submit a plan to address to about
5	Award Amount: \$96,495.00	PROFICIENT & PRED	ЛDI		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	The state of the s	bered by September 30, 2015 & requested no		400000	ually.
	later than December 10, 2015)			U 1	aun, i
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions:	he submission of the Teacher Quality Program Bu	dget is	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	,		,		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	D	ivision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Trimble County			State
	Street Address	68 Wentworth Ave.		\boxtimes	Federal
	City, State Zip	Bedford, KY 40006			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	- S		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Reir	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
			4.4		
5	Award Amount: \$67,703.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – S	eptember 30, 2015	HIN		rict. The aforementioned plan will be evaluated
	The state of the s	mbered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)			a.iiii	duriy.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	EE)UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	-	trict Improvement Plan electronic submission (CDII	_	-	, -
1.0	Authorized Du (Nove - /Title)	Cuan Bass Divertor			Inh. 22, 2012
14	, , , ,	Greg Ross, Director	ט	ate:	July 22, 2013
		Division of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	d Type:
	Agency Name	Union County			State
	Street Address	510 S. Mart St.		\boxtimes	Federal
	City, State Zip	Morganfield, KY 42437			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Annual States	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.				
-	Aand Amazonto (\$420,220,00		11	E I	District constants when the colour to add a colour to a
5	Award Amount: \$129,230.00	PROFICIENT & PRED	11 A D		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no		4000	ually.
	later than December 10, 2015)				* 2.5% pilo
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E D	UC	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Ru	dget i	s reai	lired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	_	•	, , ,
	. apart ma the comprehensive 2 ion	(-2	,	9	
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013
	Di	vision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:	
	Agency Name	Walton Verona Independent			State
	Street Address	16 School Road		\boxtimes	Federal
	City, State Zip	Walton, KY 41094			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award	·			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality	1		
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Ш	Other
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		1		
5	Award Amount: \$47,558.00		11	Eval	uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	ntombor 20, 2015	ARI		ity based on a needs assessment conducted by the
0		bered by September 30, 2015 & requested no		dist	rict. The aforementioned plan will be evaluated
	later than December 10, 2015)	bered by September 30, 2013 & requested no	i.	ann	ually.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- En	III C	TION
		RENTOCKT DEPARTMENT OF		/UC/	ATION
13	1 To	· · ·	_		ired for this program. The submission of a quarterly
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF	P) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate.	July 22, 2013
	• •	vision of Next Generation Professionals	,	acc.	Jan, 22, 2015
	וט	vision of wext deneration Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Warren County			State	
	Street Address	303 Lover's Ln.		\boxtimes	Federal	
	City, State Zip	Bowling Green, KY 42102			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	110	į.	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality	1			
	Fund Source	US Department of Education	/		Other	
	CFDA#	84.367A		Amel		
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$460,299.00		11	Fval	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no	i.	4000	ually.	
12	Consortia/Partnership Members:	N/Δ	-			
	Consolita, i ai theisinp Members.	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.	
4 -						
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Washington County			State
	Street Address	120 Mackville Hill Rd.		\boxtimes	Federal
	City, State Zip	Springfield, KY 40069			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-51	9	Rein	nbursement Frequency:
3	Description/Fund Source of Awar	d and Fiscal Year:			Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10	Fina	ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
		/ / / V			
5	Award Amount: \$94,763.00	PROFICIENT & PRED	11 // D		uations: District must submit a plan to address teacher
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	HIN		ity based on a needs assessment conducted by the rict. The aforementioned plan will be evaluated
	(All funds must be spent or encur	nbered by September 30, 2015 & requested no		40000	ually.
	later than December 10, 2015)			aini	dany.
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E	UC/	ATION
13	Special Instructions/Conditions:	The submission of the Teacher Quality Program Bu	dget i	s reau	ired for this program. The submission of a quarterly
		rict Improvement Plan electronic submission (CDII	_	-	, -
	•	•	-	•	
14	, , , ,	Greg Ross, Director	D	ate:	July 22, 2013
		Pivision of Next Generation Professionals			

1	Name and Address of Recipient: 7		7	Fund Type:		
	Agency Name	Wayne County			State	
	Street Address	1025 S. Main St.		\boxtimes	Federal	
	City, State Zip	Monticello, KY 42633			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	110		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
_					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$268.144 (includ	es merged amount for former Monticello Ind)	11	Fval	uations: District must submit a plan to address teacher	
	• • •	DOCKERT & DOCK	ARI		lity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no		ann	ually.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	- E-	1100	ATION!	
		RENTUCKY DEPARTMENT OF	- ED	UCA	ATION	
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly	
	report via the Comprehensive Distr	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.	
1.0	Authorized Du (Name /Title)	van Basa Director		atc:	Inh. 22, 2012	
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Di	vision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	Webster County			State
	Street Address	28 State Rt.		\boxtimes	Federal
	City, State Zip	Dixon, KY 42409			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	110	<i>i</i>	Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		771	9		nbursement Frequency:
3	Description/Fund Source of Award			\boxtimes	Monthly
	Description	FY2014 Title II, Part A Improving Teacher		Ш	Quarterly
		Quality			
	Fund Source	US Department of Education	/		Other
	CFDA#	84.367A			
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
				Щ	Other
4	• • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$110,775.00		11	Eval	uations: District must submit a plan to address teacher
	• •	PROFICIENT & PRED	ARI		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		E TOTAL SERVICE		ict. The aforementioned plan will be evaluated
	· ·	bered by September 30, 2015 & requested no			ually.
4.0	later than December 10, 2015)	21/2			• 55 555
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	ED	UCA	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget is	s requ	ired for this program. The submission of a quarterly
	report via the Comprehensive Dist	rict Improvement Plan electronic submission (CDIF) is re	quire	d for this program.
14	Authorized By (Name/Title): G	reg Ross, Director	D:	ate:	July 22, 2013
	* * * * * * * * * * * * * * * * * * * *	ivision of Next Generation Professionals	٠,		,,
	<u>ال</u>	ivision of ivext defleration Professionals			

1	Name and Address of Recipient:		7	Fund	d Type:
	Agency Name	West Point Independent			State
	Street Address	209 N. 13th St.		\boxtimes	Federal
	City, State Zip	West Point, KY 40177			Other:
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601			
		-5N-	9		nbursement Frequency:
3	Description/Fund Source of Award				Monthly
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly
		Quality			
	Fund Source	US Department of Education	/	Ш	Other
	CFDA#	84.367A		Amel	
	MUNIS Project Number	4014	10		ncial Reporting Method:
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports
					Other
4	• • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,			
	81 & 85.		10		
5	Award Amount: \$16,301.00		11	Eval	uations: District must submit a plan to address teacher
		PROFICIENT & PRED	ΔP		ity based on a needs assessment conducted by the
6	Period of Award: July 1, 2013 – Se		PTR///30/		rict. The aforementioned plan will be evaluated
		bered by September 30, 2015 & requested no		4	ually.
	later than December 10, 2015)				• 100 000
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	E E)UC/	ATION
13	Special Instructions/Conditions: T	he submission of the Teacher Quality Program Bu	dget i	s requ	ired for this program. The submission of a quarterly
	· ·	rict Improvement Plan electronic submission (CDIF	-		, -
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate.	July 22, 2013
17	• • • • • • •	•	U	ate.	July 22, 2013
	וט	vision of Next Generation Professionals			

1	Name and Address of Recipient:		7	Fun	Fund Type:	
	Agency Name	Whitley County			State	
	Street Address	300 Main St.		\boxtimes	Federal	
	City, State Zip	Williamsburg, KY 40769			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		771	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$338,123.00		11	Fyal	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se		E		rict. The aforementioned plan will be evaluated	
	· ·	bered by September 30, 2015 & requested no		4000	ually.	
12	later than December 10, 2015)					
12	Consortia/Partnership Members: N/A KENTUCKY DEPARTMENT OF EDUCATION					
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly					
	report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Division of Next Generation Professionals					

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Williamsburg Independent			State	
	Street Address	1000 Main St.		\boxtimes	Federal	
	City, State Zip	Williamsburg, KY 40769			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		-51	9		mbursement Frequency:	
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/		Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
				Ш	Other	
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$63,935.00	PROFICIENT & PRES	11		uations: District must submit a plan to address teacher	
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		lity based on a needs assessment conducted by the	
	(All funds must be spent or encumbered by September 30, 2015 & requested no			400000	rict. The aforementioned plan will be evaluated ually.	
	later than December 10, 2015)			allil	uany.	
12	Consortia/Partnership Members:	N/A KENTUCKY DEPARTMENT OF	F Ed	UCA	ATION	
13	<u>Special Instructions/Conditions</u> : The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly					
	report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013	
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals			,	
		IVISION OF NEXT GENERATION FIORESSIONALS				

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Williamstown Independent			State	
	Street Address	300 Helton St.		\boxtimes	Federal	
	City, State Zip	Williamstown, KY 41097			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/2		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		-51	9		nbursement Frequency:	
3	Description/Fund Source of Awar	d and Fiscal Year:		\boxtimes	Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality				
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
				Ш	Other	
4	• • • • • • • • • • • • • • • • • • • •	Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
5	Award Amount: \$29,310.00	PROFICIENT & PRES	11		uations: District must submit a plan to address teacher	
6	Period of Award: July 1, 2013 – Se	eptember 30, 2015	AM		ity based on a needs assessment conducted by the	
	(All funds must be spent or encumbered by September 30, 2015 & requested no			400000	rict. The aforementioned plan will be evaluated ually.	
	later than December 10, 2015)	0 0 0 0		dilli	udny.	
12	Consortia/Partnership Members: N/A KENTUCKY DEPARTMENT OF EDUCATION					
13	<u>Special Instructions/Conditions</u> : The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly					
	report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
14	Authorized By (Name/Title): G	reg Ross, Director	ח	ate:	July 22, 2013	
	• • • • • • • • • • • • • • • • • • • •	ivision of Next Generation Professionals		acc.	July 22, 2015	
	ַע	ivision of Next Generation Professionals				

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name	Wolfe County			State	
	Street Address	85 Main St.		\boxtimes	Federal	
	City, State Zip	Campton, KY 41301			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1		Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.	-		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		-5N-	9		nbursement Frequency:	
3	Description/Fund Source of Awar				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher			Quarterly	
		Quality	9	_		
	Fund Source	US Department of Education	/		Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• • • • • • • • • • • • • • • • • • • •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.		10			
_	Aand Amazonato 6145 482 00		11	Fuel	ustione. District result submit a plan to address to about	
5	Award Amount: \$145,482.00	PROFICIENT & PRED	AD		uations: District must submit a plan to address teacher lity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated	
	The state of the s	bered by September 30, 2015 & requested no		4	ually.	
	later than December 10, 2015)			U 1	aun, i	
12	Consortia/Partnership Members: N/A KENTUCKY DEPARTMENT OF EDUCATION					
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly					
	report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
	·	·	•	•		
14	Authorized By (Name/Title): G	reg Ross, Director	D	ate:	July 22, 2013	
	Division of Next Generation Professionals					

1	Name and Address of Recipient:		7	Fund	Fund Type:	
	Agency Name	Woodford County			State	
	Street Address	330 Pisgah Pk.		\boxtimes	Federal	
	City, State Zip	Versailles, KY 40383			Other:	
2	KDE Contact Information:		8	\boxtimes	Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014			Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.	11/1	į.	Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344			Lump Sum	
	Street Address	16 th Floor, 500 Mero St.			Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601				
		- W-	9		nbursement Frequency:	
3	Description/Fund Source of Award				Monthly	
	Description	FY2014 Title II, Part A Improving Teacher		Ш	Quarterly	
		Quality	1			
	Fund Source	US Department of Education	/	Ш	Other	
	CFDA#	84.367A				
	MUNIS Project Number	4014	10		ncial Reporting Method:	
	Master Agreement Number	N/A			Electronic Submission – Quarterly CDIP Reports	
					Other	
4	• •	itle II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80,				
	81 & 85.					
5	Award Amount: \$125,926.00		11	Fval	uations: District must submit a plan to address teacher	
		PROFICIENT & PREP	ARI		ity based on a needs assessment conducted by the	
6	Period of Award: July 1, 2013 – Se				rict. The aforementioned plan will be evaluated	
	later than December 10, 2015)	bered by September 30, 2015 & requested no		anni	ually.	
12	Consortia/Partnership Members:	N/A	-			
	Consortia/Partnership Members: N/A KENTUCKY DEPARTMENT OF EDUCATION					
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly					
	report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
4 -						
14	• • • •	reg Ross, Director	D	ate:	July 22, 2013	
	Division of Next Generation Professionals					